

GULFPORT POLICE DEPARTMENT
BACKGROUND INVESTIGATION
PERSONAL HISTORY QUESTIONNAIRE

INSTRUCTIONS

The applicant must complete this personal history questionnaire. All answers must be hand printed in ink or typed, and be completely legible. Any questionnaires that are not legible or are incomplete may be rejected, and this may affect you in the selection process.

Read all questions completely. Answer all questions fully and truthfully. All information contained herein will be subject to verification via polygraph.

If a question does not apply, mark N/A in the appropriate space. If the answer requires more space, use the back of the page. Complete mailing addresses, including zip codes for residences, schools, employers and personal references are mandatory.

Any questionnaires that are not legible or are incomplete may be rejected, and this may affect you in the selection process

Any falsification and/or omission of information in this questionnaire may subject the applicant to disqualification from this and any future employment with the City.

Applicant Full Name (Print)

Position Applied For

Date Prepared

(For Official Use On) – Do not mark below this line

Date Reviewed

Reviewed By:

PERSONAL DATA

Full Name

LAST FIRST MIDDLE MAIDEN

Date of Birth

Mo / Day / Year SOCIAL SECURITY NUMBER

Place of Birth

City County State Country

List all names and aliases used (real and nicknames)

What phone numbers can you be reached at?

Home Phone # Cellular Telephone #

Work # and hours you can be reached there other number (e.g. Pager)

Do you have a FACEBOOK page, a MYSPACE page, or any page similar? Yes No

If yes, please provide your user name: _____

What is your email address? Please list your personal web page

Please list personal screen names (e.g. yahoo or AOL)

PERSONAL DATA CONTINUED

List in chronological order, all previous places of residence since age 14. Please include places of residence while attending college, vocational schools or during military service.

DATES	ADDRESS	CITY	COUNTY	STATE	COUNTRY	ZIP
<i>Example</i> 8/81 - 9/81	123 Main St.	Gulfport	Pinellas	FL	USA	33707

PREVIOUS EMPLOYMENT / JOB HISTORY

Have you ever been terminated, or asked to resign from any job? Yes No
If YES, please explain in detail every instance:

Have you ever been disciplined by any employer? Yes No
If YES, please explain in detail every instance:

MILITARY HISTORY

Have you ever served in the Armed Forces? Yes No

If you answered no, you will be required to sign a Military Service Disclaimer.

If you answered yes, please complete the following questions, and attach your DD214(s):

What years did you serve from: _____ to _____

Which branch did you serve in? _____ What was the highest rank you obtained? _____

What type of discharge did you receive? _____

Why did you leave the military? _____

ADDITIONAL SERVICE

What years did you serve from: _____ to _____

Which branch did you serve in? _____ What was the highest rank you obtained? _____

What type of discharge did you receive? _____

Why did you leave the military? _____

Are you now or were you ever in any reserve military force or National Guard unit? Yes No

From: _____ to: _____ Location: _____

Unit: _____ Rank: _____ Type of Discharge: _____

ADDITIONAL SERVICE

From: _____ to: _____ Location: _____

Unit: _____ Rank: _____ Type of Discharge: _____

MILITARY HISTORY CONTINUED

During your military service, did you receive any awards or commendations: Yes No

If yes, what were they? _____

During your service, did you receive any letters of counseling, reprimand, were you punished, fined or did you receive a reduction in rank due to an infraction of rules? Yes No

If yes, give date(s) _____

Were you ever questioned or detained by the military police or any related Law Enforcement Unit?
 Yes No

If YES, explain. _____

Charges: _____

Result of actions: _____

List all areas where stationed and approximate dates:

DATES	NAME OF BASE	NEAREST CITY & STATE
<i>Example: 08/10 – 05/12</i>	MacDill AFB	Tampa FL

CRIMINAL HISTORY

NOTE: Pursuant to Florida State Statute 943.0585(4)(a): an applicant for employment with a law enforcement agency may not lawfully deny/withhold information concerning arrests or convictions, regardless of adjudication being withheld or the sealing or expungement of arrest or conviction records. Further, a misdemeanor arrest or conviction may not necessarily disqualify you for employment.

Answer all of the following, and explain any “Yes” answers below:

As an adult or juvenile have you ever been arrested? Yes No

As an adult or juvenile have you ever been taken into custody or detained by a law enforcement agency?
 Yes No

As an adult or juvenile have you ever been required to appear in court other than for jury duty?
 Yes No

As an adult or juvenile have you ever been a defendant in criminal court? Yes No

As an adult or juvenile have you ever had a criminal record? Yes No

As an adult or juvenile have you ever been convicted for violation of any law or ordinance other than minor traffic violations? Yes No

As an adult or juvenile have you ever had an “adjudication withheld” on a case against you?
 Yes No

As an adult or juvenile have you ever been on criminal probation whether supervised or unsupervised?
 Yes No

Have you ever filed for a restraining order or had a restraining order filed against you for any reason (also known as an Order for Protection)? Yes No

TRAFFIC HISTORY

Please list all the traffic crashes you have ever been involved in as the driver:

DATE	COUNTY	CITY	INV AGENT	AT FAULT?

Please list all parking and traffic citations that you have received. Please be sure to include the dates, and the dispositions.

DATE	AGENCY	CHARGE	DESPOSITION	# OF POINTS?

DRUG HISTORY

Have you EVER illegally tried, used, possessed, sold, delivered, or transported or experimented with ANY of the following drugs? If you answer yes to any of the following an explanation is required.

DRUG HISTORY (Current and Past Recreational Use/Circumstances)	YES	NO
Have you ever illegally used any narcotic drug such as Heroin, Opium, Oxycodone, Morphine or Methadone, etc...?		
Have you ever illegally used any stimulants such as Amphetamines, Cocaine, Crack, Crank, or Khat?		
Have you ever illegally used any depressants such as Barbiturates, Benzodiazepines, GHB, or Rohyphol?		
Have you ever used any hallucinogens such as Ecstasy/MCMA, K2/Spice, Ketamine, LSD, Psilocybin (Mushroom), or Peyote?		
Have you ever used Marijuana/Cannabis, Hashish or their derivatives/synthetics?		
Have you ever illegally used any inhalants such as ordinary household and/or automotive products such as glue, nitrous oxide, aerosols etc...?		
Have you ever taken Ritalin or Adderall without a prescription?		
Have you ever illegally used any steroids or other substances not previously mentioned?		
Have you ever used and/or possessed prescription medication not prescribed to you?		
Have you ever purchased any illegal drugs?		
Have you ever manufactured, sold, or furnished any illegal drug, prescription medication or controlled substance?		
Have you ever come to work under the influence of any illegal drugs?		
Have you ever used illegal drugs while at work?		
Have you ever driven a vehicle while under the influence of any illegal drugs?		
Do you currently associate with anyone who sells illegal drugs?		
Have you ever accompanied anyone to buy illegal drugs whether knowingly, intentionally or not?		
Do you currently know anyone who produces, sells, delivers or distributes any illegal drugs?		
Have you ever sold, delivered or produced any illegal drugs or prescription medications?		
Have you ever been involved in any other illegal drug transaction not previously mentioned?		
Have you ever failed a drug test or provided urine to someone else in order to help them pass a drug test?		
Have you ever obtained a prescription /prescription drug through <u>fraudulent</u> means?		

PRIOR LAW ENFORCEMENT

Have you EVER worked in law enforcement anywhere, part time, full time or military?

Yes No

If yes complete the following:

Agency _____ Address _____

Last rank / title _____ Last supervisor _____

Agency _____ Address _____

Last rank / title _____ Last supervisor _____

Agency _____ Address _____

Last rank / title _____ Last supervisor _____

Agency _____ Address _____

Last rank / title _____ Last supervisor _____

Agency _____ Address _____

Last rank / title _____ Last supervisor _____

PRIOR LAW ENFORCEMENT & CORRECTION OFFICERS (To include interns, Cadets, Explorers, Police Aides, etc...)	YES	NO
While engaged in an official capacity, have you ever taken or converted any property or evidence for personal use or personal gain?		
Have you ever used or sold any illegal substance (drug) while on duty that was not sanctioned by your employer?		
Have you used alcohol on duty not sanctioned by your employer?		
Have you ever falsified an official report, record, affidavit, warrant, official document, e-mail or other electronic communication?		
Have you ever accepted a bribe of any kind?		
Have you ever accepted any gratuity not sanctioned? (i.e. half price food)		
Have you ever lied under oath or in any judicial proceeding including an IA or any departmental investigation?		
Have you ever engaged in sexual activity while on duty, in violation of agency rules? i.e. misuse of your authority)		
Have you ever tampered with evidence?		
Have you ever planted evidence?		
Have you accidentally discharged a firearm, Taser or other department weapon?		
Have you ever failed to report the discharge of any department weapon?		
Have you ever looked the other way to avoid reporting a crime?		
Have you improperly discussed confidential information with anyone?		
Have you ever maliciously battered anyone or been accused of using excessive force?		
Have you ever been the subject of an agency, bureau, or internal investigation for either a rule violation, civil violation or criminal violation?		
Have you ever resigned from employment after becoming aware of, being notified of, or during the course of an investigation about your behavior/actions while employed as a law enforcement officer? What was the investigation about and what is the status of that investigation?		
Has your employment status ever been modified? (Reassignment, gun relinquished, ID status changed, etc...)		
Have you ever been the subject of a citizen complaint?		
Have you ever introduced contraband into a correctional facility?		
Have you ever had an improper relationship with an inmate? Sexual or otherwise.		
Have you ever been involved in witness tampering?		
Have you ever accepted unauthorized compensation from a prisoner?		
Are you under any contract or other obligation to a current or former employer for any repayment of employment, training or other costs?		

AFFIRMATION

I affirm that this questionnaire contains no false statements, misrepresentations, or omissions; nor did I intentionally conceal any material that would knowingly make me ineligible. I further understand that during investigation, should any information be discovered as not factual, I would become ineligible for the position applied for, and will not be eligible for any other positions with the Gulfport Police Department. I further acknowledge that if at any time a discovery of a false statement is made, even if hired, the discovery of such false statements is cause for termination of employment.

DATE

SIGNATURE
(Do not sign this before being instructed to do so)

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me by _____,
Who is personally known to me or has produced _____ as
Identification and who did / did not take an oath, and who appeared before me at the time of notarization.

WITNESS, my hand and official seal, this _____ day of _____, A.D., 20 _____

LAW ENFORCEMENT OFFICER*

NOTARY PUBLIC

My Commission Expires

*Duly Sworn Law Enforcement Officers may administer oaths when engaged in the performance of their lawful duties as outlined in FSS 117.10

This form is an investigative tool used in part of the background investigation. This does not cover the entire background process. Any untruthfulness may be grounds for dismissal or non hire. This form must be signed prior to being processed

Gulfport Police Department

Police Applicant Military Service Disclaimer

Applicant Name: _____ Date of Birth: _____

Other Names Used: _____

Current Address: _____

Social Security # _____

I _____ hereby attest to the fact that I have never served in any branch of the armed services of the United States of America, including reserve and National Guard components. That I have never received a discharge under other than honorable conditions, that I am not absent Without leave or a deserter, and that I am not concealing military service, or any material fact relating to such service, that would disqualify me from employment as a police officer in order to obtain such employment.

Notice: this document shall constitute an official statement within the purview of Section 837.06, Florida Statutes, and is subject to verification by the Gulfport Police Department. Any intentional false execution of this affidavit shall constitute a misdemeanor of the second degree and may result in disqualification from, or termination of, employment as a police officer. Additionally, you may be prosecuted.

I hereby certify that to the best of my knowledge and belief, the information that I have entered on this form is true and correct.

Signature of Applicant

Date Signed

State of Florida, County of _____, the foregoing instrument was acknowledged before me this _____ by _____

Who is personally known to me or who has produced _____

As identification and who did/did not take an oath.

Signature _____ Title or Rank _____

§117.10 Law enforcement officers and correctional officers, Law enforcement officers, correctional officers, and correctional probation Officers, as defined in §943.10 and traffic accident investigation officers and traffic Infraction enforcement officers, as described in §316.640, are authorized to administer oaths when engaged in the performance of official duties. Sections 117.01, 117.04, 117.045, 117.05 and 117.103 do not apply to the provisions of this section, An officer may not notarize his or her own signature.



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.



CJSTC 58

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME:
DATE OF BIRTH:
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:

AGENCY REQUESTING BACKGROUND INFORMATION: Gulfport Police Department
ADDRESS: 2401 53rd St S, Gulfport, FL 33707

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Gulfport Police Department

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature Date

Applicant's Address

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF COUNTY OF

Sworn to (or affirmed) and subscribed before me this

day of, year, By

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced